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TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/684,361
Filing Date	October 6, 2000
First Named Inventor	Alexander Gaiger
Group Art Unit	1644
Examiner Name	Ronald B. Schwadron
Attorney Docket No.	210121.465C2

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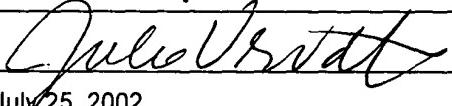
ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449
<input type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<u>Copy of Assignment</u>

_____ |
|---|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Julie A. Urvater, Ph.D., Patent Agent Reg. No. 50,461	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	July 25, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name		
Signature		Date:

25 JUL
PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\\$)	460
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Complete if Known	
Application Number	09/684,361
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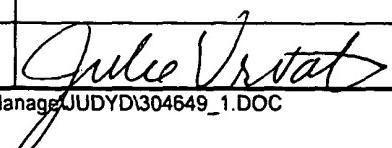
METHOD OF PAYMENT				
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				
<input type="checkbox"/> Deposit Account: Deposit Account Number 19-1090				
Deposit Account Name Seed Intellectual Property Law Group PLLC				
The Commissioner is authorized to (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any deficiencies				
to the above-identified deposit account.				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Fee (\$)	Fee Code	Small Entity	Fee (\$)
Fee Code	Fee (\$)	Fee Code	Fee Description	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
SUBTOTAL (1)				(\$)
2. EXTRA CLAIM FEES				
Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims				
Multiple Dependent				
Large Entity	Fee (\$)	Fee Code	Small Entity	Fee (\$)
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES		Fee Description			
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
		105	130	205	65
		127	50	227	25
		139	130	139	130
		147	2,520	147	2,520
		112	920*	112	920*
		113	1,840*	113	1,840*
		115	110	215	55
		116	400	216	200
		117	920	217	460
		118	1,440	218	720
		128	1,960	228	980
		119	320	219	160
		120	320	220	160
		121	280	221	140
		138	1,510	138	1,510
		140	110	240	55
		141	1,280	241	640
		142	1,280	242	640
		143	460	243	230
		144	620	244	310
		122	130	122	130
		123	50	123	50
		126	180	126	180
		581	40	581	40
		146	740	246	370
		149	740	249	370
		179	740	279	370
		169	900	169	900
		Other fee (specify) _____			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$ 460)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 460)

SUBMITTED BY			
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent Agent		
Firm Name/Address			
Signature			
Date	July 25, 2002		



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